

# AMERICAN LACROSSE LEAGUE PLAYER WAIVER FORM-Team Version

**Once a player signs this form for a team he does not have to sign it each year as long as continues to play with that team. A current US Lacrosse Membership is not required for a player to participate in team practices or scrimmages. Teams should keep this form for a period of five years after the player leaves the team.**

Team Name: \_\_\_\_\_ Conference: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**AGE:** I certify that I am 18 years of age or older.

**WAIVER & RELEASE:**

I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death as well as other damages and losses associated with participation in a lacrosse event. I agree on behalf of myself, my heirs, and personal representatives that US Lacrosse Inc., the American Lacrosse League and its member teams, the host organization, and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event.

This Waiver & Release shall also be for the benefit of and run in favor of the American Lacrosse League and its member teams who require participants to become members of US Lacrosse Inc. as a condition to their participation in such organization's lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and the American Lacrosse League and its member teams shall constitute the host organization for such Covered Events.

**MEDICAL ATTENTION:**

I hereby give my consent to US Lacrosse Inc., the American Lacrosse League and its member teams, and the host organization of any Covered Events to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.

**READINESS TO COMPETE:**

I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.

**PLAYING EQUIPMENT:** I acknowledge that the American Lacrosse League and its member teams do not have the capability, nor are those organizations established to test helmets and any other equipment, but they strongly recommend the use of equipment that has received the approval of the NCAA. I further acknowledge that although the NCAA Rules require the wearing of shoulder pads, arm pads, and a mouth piece, the American Lacrosse League Rules Modifications recommend but do not require the aforementioned equipment and that if I choose not to wear or use any of these items I do so at my own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_